## Purpose of this report

The purpose of this report is to provide feedback to the pediatric hospital medicine community regarding content areas of strength and weakness, information which may be useful for identifying potential gaps in knowledge and guiding the development of educational materials. Using data from the American Board of Pediatrics' (ABP) Maintenance of Certification Assessment for Pediatrics (MOCA-Peds), this report summarizes diplomate performance on the questions within each of the 49 content areas assessed in 2021.

#### **MOCA-Peds** content areas

In 2021, MOCA-Peds—Pediatric Hospital Medicine consisted of questions from a total of 49 content areas, broken down as follows:

- 45 learning objectives<sup>1</sup> Each diplomate initially received one question from each of the 45 specific content areas drawn from the pediatric hospital medicine content outline.
- Four featured readings<sup>1</sup> Each diplomate also received two questions per featured reading (eg, clinical guidelines, journal articles) for a total of eight featured reading questions.

A pool of questions was developed for each learning objective and for each featured reading. Questions were then drawn from the pool and administered to diplomates throughout 2021 according to the specifications described in the bulleted list above.

# Understanding this report

This report provides a graphical summary of diplomate performance on each of the 49 content areas assessed in 2021. Within the graphic and in the example below, the point ( • ) reflects the average percent correct for all questions within that learning objective or featured reading. The bar (—) reflects the range of percent correct values for the questions within that learning objective or featured reading. More specifically, the bar's lower endpoint indicates the most difficult question (ie, answered correctly by the lowest percentage of diplomates) and the bar's upper endpoint indicates the easiest question (ie, answered correctly by the highest percentage of diplomates).



<sup>&</sup>lt;sup>1</sup>Each diplomate also received 15 "repeat" questions selected from their original subset of learning objective and featured reading questions. Performance on the repeat administrations is not included in this report.

#### A note of caution

Many factors (eg, specific content of the question, wording of the question, plausibility of the incorrect answers) can impact diplomate performance on any question. It is thus difficult to determine if poor performance on a single question, or small set of questions, within a given content area reflects a true gap in diplomate knowledge or if the question(s) associated with that content area were difficult for other reasons (or some combination of both). Collectively, the entire set of MOCA-Peds questions (across all content areas) constitutes a psychometrically valid assessment of the diplomate's overall level of knowledge. Performance within a given content area is based on fewer questions, however, and is therefore less useful for making inferences about diplomate knowledge in that specific content area.

It is important to note again that for security reasons, a pool of questions was developed for each content area so that each diplomate received a unique set of questions. In addition, the number of questions can vary from one content area to the next. In cases where a content area had a relatively large pool of questions, the number of diplomates who answered each question was reduced, which diminished the statistical precision of each question's percent correct value. In cases where a content area had a relatively small number of questions, each question was answered by a larger number of diplomates, but the overall breadth of the content being assessed within that content area was constrained, which limits the generalizability of the results.

In other words, MOCA-Peds was designed to assess individual diplomates with respect to their overall level of knowledge in pediatric hospital medicine. It was not designed to provide the pediatric community with diagnostic feedback pertaining to specific content areas within pediatric hospital medicine. The results within this report may be informative and useful for that secondary purpose, but they should be interpreted with a degree of caution.

## Additional notes

- To protect the security of the content of the assessment, the questions themselves, along
  with information about the number of questions in the pool for any particular learning
  objective or featured reading, are not provided in this report.
- This report contains data aggregated across many diplomates participating in the MOCA-Peds program and cannot be used to make inferences or draw conclusions regarding any particular diplomate.

### 2021 Content Area Feedback Report Pediatric Hospital Medicine

	Learning Objective	0	Perce	ent Correct	100
1.	Manage hyperglycemia in a patient with type 2 diabetes.			1	
2.	Hospital-to-Home Interventions, Use, and Satisfaction: A Meta-analysis (Featured Reading)			-	
3.	Policy Statement: Principles of Pediatric Patient Safety: Reducing Harm Due to Medical Care (Featured Reading)				
4.	Assess the risk of prolonged stay or further intervention in croup.		-	•	
5.	Evaluate appropriate treatment options for behavioral disorders in the hospital setting.		_	•	
6.	Describe the initial management of a pediatric patient in hypertensive emergency.			-	
7.	Compare and contrast the six quality aims of the Institute of Medicine: safe, timely, efficient, effective, patient–centered, and equitable care.			-	_
8.	Plan appropriate management for a patient with anorexia nervosa, bulimia nervosa, and restrictive type eating disorder.			-	
9.	Manage hypoglycemia in a newborn.			•	
10.	Evaluate the findings of testing done to assess for sepsis in an immediate term newborn and recognize early and late neonatal sepsis.				_
11.	Compose a plan for disclosure of medical error to a family.		: :	-	_
12.	Interpret radiology findings in patients with lower respiratory tract disease.		·	-	
13.	The management of acute pancreatitis in the pediatric population: a clinical report from the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition pancreas committee (Featured			-	
14.	Reading)  Develop systems that promote timely and effective communication between providers during handoffs and				
	transitions of care.			_	_
	Choose diagnostic testing for an immediate newborn with hyperbilirubinemia.			•	+
	Determine treatment for thrombocytopenia.  Manage a child with altered mental status.			_	• • • • • • • • • • • • • • • • • • •
	Demonstrate knowledge of the clinical presentation of a child with immunodeficiency.			: : · · · · · · · · · · · · · · · · · ·	
19.	<u> </u>			_	
20.	Recognize the clinical features of JIA.			: : : : : : : : : : : : : : : : : : :	
	Interpret results of commonly used blood inflammatory markers in patients undergoing treatment for osteomyelitis.			_	•
22.	Manage the child hospitalized with appendicitis, including complications of appendicitis such as perforation.			-	•
23.	Manage the different types of shock.			<u> </u>	
	Compare and contrast informed permission, informed consent, assent, capacity to consent, implied consent, leaving against medical advice, abandonment, and duty to refer.			-	•
25.	Compare and contrast the principles and applications of different research study designs.			- i - i -	•
	Recommend specific treatments for select toxidromes.				•
27.					-
28.	Manage emergency ventilation.			· -	-
29.	Assess withdrawal symptoms in an infant born to a mother with active narcotic use.			: : -	-
30.	Evaluate a fever of unknown origin.				-
31.	A Framework for Evaluation of the Higher–Risk Infant After a Brief Resolved Unexplained Event (Featured Reading)				-
32.	Formulate a plan for the safe discharge of a child with medical complexity to home.				•
33.	Evaluate the ethical issues involved in caring for a child with medical complexity at the end-of-life.				-
34.	Evaluate a child with a headache.				•
35.	Develop a feeding plan for a child with medical complexity.			<u> </u>	-
	Evaluate a child with hematuria (glomerulonephritis).				•
37.	Distinguish differences in clinical presentation between orbital and peri–orbital cellulitis.				-
38.	Incorporate the principles of health literacy into communication with patients and/or their families.				_
39. 40.				: :	
41.	Diagnose and manage a child with Kawasaki disease.		:	: :	-
42.	Compare and contrast considerations in access to care including unconscious bias and barriers to care (economic, social, cultural, geographic).				•
43.				- : <u> :</u>	
	Evaluate a child with proteinuria (nephrotic syndrome).			<del></del>	
45.	Incorporate principles of adult learning into an effective teaching session.			: : : : : : : : : : : : : : : : : : :	-
46.	Manage a patient with a suspicious non-accidental injury.				•
47.	<u> </u>				•
48.	Recognize contraindications to circumcision in newborns.				•
49.	Recognize examples of implicit bias in healthcare decision–makings.				•

Sample: Included in the sample were all diplomates who currently have a Part 3 (exam) requirement that could be fulfilled through MOCA–Peds and answered at least one question in 2021 (N = 48).